


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000064213
1. Entity Name
JIK SUNDOWN MANAGER, INC.



Principal Place of Business Mailing Address
7900 MIAMI LAKES DR. WEST 7900 MIAMI LAKES DR. WEST
MIAMI LAKES, FL 33016-5897 MIAMI LAKES, FL 33016-5897

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0068596 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CHRISTY
7900 MIAMI LAKES DR. WEST
MIAMI LAKES, FL 33016-5897

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000338603
04/28/05-80079-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KISLAK, JAY I
STREET ADDRESS	7900 MIAMI LAKES DR. WEST
CITY-ST-ZIP	MIAMI LAKES, FL 330165897
TITLE	DPT
NAME	BARTELMO, THOMAS
STREET ADDRESS	7900 MIAMI LAKES DR. WEST
CITY-ST-ZIP	MIAMI LAKES, FL 330165897
TITLE	VP
NAME	BRAUN, STEPHEN
STREET ADDRESS	7900 MIAMI LAKES DR. WEST
CITY-ST-ZIP	MIAMI LAKES, FL 330165897
TITLE	VPS
NAME	RODRIGUEZ, CHRISTY
STREET ADDRESS	7900 MIAMI LAKES DR. WEST
CITY-ST-ZIP	MIAMI LAKES, FL 330165897
TITLE	VP
NAME	LUBOW, CHERYL
STREET ADDRESS	7900 MIAMI LAKES DR. WEST
CITY-ST-ZIP	MIAMI LAKES, FL 330165897
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christy Rodriguez, VP Date: 4/28/05 Daytime Phone #: (305) 364-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR